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diagnoses during 2007 in the South-West region of Sweden. Sixty-two percent of the patients had at least one visit to the primary care, 35% had been treated as out-patient, 9% had been treated by private physician, and 7% had been treated by in-patient care; 73% had at least one dispensed drug. The total health care cost, including drug cost, was 683 million SEK. 35% were from drugs and 23%, 26%, 14%, and 1% were from in-patient, out-patient, primary, and private care. During 2007 the average drug cost per patient, who utilize the current treatment, was 8847 SEK for drugs. The average cost for in-patient care was 64,576 SEK and 13,859 SEK for out-patient care. For primary and private care the average cost was 4268 SEK and 1342 SEK. **CONCLUSIONS:** The cost for antidepressant drugs was the largest part of the total health care cost for MDD, 35%. The in-patient care was the greatest cost per patient. The relevant question is what mix of drugs should be prescribed in order to minimize the total health care cost. Further research needs to be preformed.

PMH25

COMPARISON OF ESCITALOPRAM VS. CITALOPRAM AND VENLAFAXINE IN THE TREATMENT OF MAJOR DEPRESSION IN SPAIN: CLINICAL AND ECONOMIC CONSEQUENCES

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OBJECTIVES: Population based study to determine clinical consequences and economic impact of using escitalopram (ESC) vs. citalopram (CIT) and venlafaxine (VEN) in patients initiating treatment for a new episode of major depression (MD), in real-life conditions of outpatient practice. **METHODS:** Observational, multicenter, retrospective study conducted using computerized medical records (administrative databases) of patients treated in six primary care centers and two hospitals between January 2003 and March 2007. **Study population:** patients >20 years of age diagnosed with a new episode of MD who initiate treatment with ESC, CIT or VEN, and without any antidepressant treatment within the previous 6 months, who were followed for 18 months or more. **Main variables:** socio-demographic variables, remission, comorbidity, annual health care costs (medical visits, diagnostic and therapeutic tests, hospitalizations, emergency room and psychoactive drugs prescribed) and non-health care costs (productivity loss at work). Statistical analyses: logistic regression and ANCOVA models. **RESULTS:** A total of 965 patients (ESC = 131; CIT = 491; VEN = 343) were included. ESC-treated patients were younger, with a higher proportion of males, and a lower specific comorbidity ($P < 0.01$). ESC-treated patients achieved higher remission rates (58.0%) compared to CIT (38.3%) or VEN (32.4%) patients ($P < 0.001$) and had lower productivity work ESC (37.9 days) vs. CIT (32.7 days) or vs. VEN (43.8 days), $p = 0.042$. No differences in average/unit costs of psychoactive drugs were observed between the ESC and CIT groups (€294.7 vs. €265.2), with higher costs seen in the VEN group (€643.0), $p = 0.003$. In the corrected model, total (health care and non-health care) costs were lower with ESC (€2276.2) vs. CIT (€3093.8), $p = 0.047$ and VEN (€3801.2), $p = 0.045$. **CONCLUSIONS:** ESC appears to be dominant in the treatment of new MD episodes when compared to CIT and VEN, resulting in higher remission rates and lower total costs.

PMH26

COST ANALYSIS OF METHADONE MAINTENANCE THERAPY (MMT) PROGRAM IN MALAYSIA

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OBJECTIVES: To analyze the cost of MMT treatment for patient with substance use disorder. **METHODS:** This was a retrospective study involving 185 opiate dependence patients who were receiving MMT treatment program in Malaysian's government hospitals starting December 2005 until February 2010. The study was done from the provider perspective using activity based costing that includes both capital and variable cost associated with MMT program. **RESULTS:** Most of the respondents were male (99%) with mean age of 38.5 years. Most (72.5%) of them were Malay and 50.5% working in semi or unskilled manual job with basic salary less than MYR1000 (US\$312). Most (99.5%) were smoker with history of heroin addiction of more than 10 years. The median length of MMT treatment was 14 months. Fifty-seven percent of the patients were suffering from chronic disease. The capital cost for MMT program was US\$8013.16 and the variable cost of providing a month of treatment per patient was US\$50.43. Approximately 47.19% of this was for methadone and personnel cost accounted for 31.94%. The variable cost was statistically higher ($P < 0.05$) in patients present of chronic disease. **CONCLUSIONS:** This study estimated the variable cost of MMT treatment per patient in Malaysia (US\$50.43/month) is less expensive compare USA (US\$220/month, Jones et al., 2009). These cost data may be useful to policymakers and researchers for further developing the program.

PMH27

RECENT TRENDS IN PSYCHIATRIC PRESCRIPTION DRUG SPENDING

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OBJECTIVES: To describe new data on recent trends in U.S. psychiatric prescription drug spending and utilization over the period 2003 to 2008 and to understand drivers of those new trends. **METHODS:** SAMSA Spending Estimates were coupled with MEPS data to examine trends in mental health drug spending and utilization through 2005. 1997–2008 Thomson Reuters MarketScan Commercial Claims data were used

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to decompose spending where: Total Expenditures = Price X Quantity, and $\Delta\text{Cost}/\text{Enrollee} = \Delta\text{Cost}/\text{Day} \times \Delta\text{Days}/\text{User} \times \Delta\text{Users}/\text{Enrollees}$. The following drugs were included in the analysis: Antidepressants, Antipsychotics, Stimulants, and Anxiolytic/Sedative/Hypnotics. **RESULTS:** The average annual growth rate in mental health prescription drug spending dropped from 28% in 1998 to 3% in 2008. The rate of growth has stayed below 10% since 2005, and was negative in 2007. For persons with private insurance, the average annual expenditure growth rate overall was 6% during the years 2001–2008, where 2% was attributable to days/user, 2% was due to users per population, and 2% was due to cost/day. In contrast for the years 1997–2001, the average growth rate overall was 18%, where 3% was attributable to days/user, 7% was due to users per population, and 8% was due to cost/day. **CONCLUSIONS:** Mental health prescription drug spending growth has slowed in recent years. This is due primarily to slower growth in additional users and slower price growth. The lower price growth is mainly due to generic entries starting in 2005, particularly within the antidepressant drug class.

PMH28

EFFECT OF PREGABALIN ON COSTS AND CONSEQUENCES IN PATIENTS WITH REFRACTORY SEVERE GENERALIZED ANXIETY DISORDER AND CONCOMITANT SEVERE SYMPTOMS OF DEPRESSION IN DAILY MEDICAL PRACTICE

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OBJECTIVES: To analyze the clinical and economic effects of the use of Pregabalin (PGB) in patients with refractory severe Generalized Anxiety Disorder (GAD) and severe concomitant depressive symptoms in daily medical practice. **METHODS:** Data were obtained from a post-hoc analysis of a 6-month, prospective, non-interventional study conducted in outpatient psychiatric clinics to ascertain the impact of broadening GAD diagnostic criteria. This before-after study included PGB naïve patients above 18 years, with GAD (using DSM-IV criteria), refractory to anxiolytics for a minimum of 3 months, severe symptoms of anxiety (HAM-A > 24) and depression (MADRS > 35), who received flexible doses of PGB either as monotherapy or add-on, per psychiatrist judgment. Changes in HAM-A and MADRS and responders rates (reduction > 50% of baseline scoring) were the study end-points, together with health care resources utilization and corresponding costs. **RESULTS:** A total of 159 patients [69.2% women, mean age 45.9 (12.6) years] fulfilled criteria for analysis. Ninety percent or more patients were previously exposed to benzodiazepines and/or antidepressants [mean 2.7 (1.3) drugs]. Adding PGB [mean dose: 223.1 (126.3) mg/day] reduced both anxiety and depressive symptoms, respectively, in HAM-A and MADRS scales, by -57.9% (from 35.5 + 5.8 to 14.8 + 9.4; $P < 0.001$, effect size: 3.57) and -58.1% (from 39.4 + 4.3 to 16.5 + 10.3; $P < 0.001$, effect size: 5.33). As a result, responder rates were 63.1% and 62.9%, respectively. Costs reductions in medical visits [-€1022 (-1,376; -669), $P < 0.001$] and hospitalizations [-€144 (-245; -44), $p = 0.005$], offset the higher incremental drug cost of PGB treatment [€353 (292; 415), $P < 0.001$] showing statistically reduction of health care costs; -€619 (-1,040; -197), $p = 0.004$. **CONCLUSIONS:** The use of Pregabalin resulted in both clinical and economic benefits in patients with severe refractory GAD and concomitant severe depressive disorder. Patients experienced a significant improvement in their anxiety and depression symptoms, improvements which were associated with significant decreases in health care costs.

PMH29

COST-CONSEQUENCE ANALYSIS OF ARIPIRAZOLE IN SCHIZOPHRENIA IN SPAIN: DIABETES AND CORONARY HEART DISEASE PROJECTIONS (STAR STUDY)

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OBJECTIVES: Patients with schizophrenia experience elevated rates of morbidity and mortality, largely due to an increased incidence of cardiovascular disease and diabetes. The STAR study showed that the metabolic side effects of aripiprazole treatment are less than that experienced by those receiving standard-of-care (SOC) antipsychotic treatment (olanzapine, quetiapine or risperidone). This study estimates the difference in direct and indirect cost-consequences of diabetes and coronary heart disease (CHD) in schizophrenia patients treated with aripiprazole or SOC. **METHODS:** On the basis of the results provided by the STAR study, risks for diabetes and CHD were projected over a time horizon of 10 years in the Spanish setting using the Stern and Framingham models. The comparators were aripiprazole versus SOC. The prevalence and costs (direct and indirect) of diabetes and CHD were obtained from Spanish sources. All costs were inflated to 2009 costs using the Spanish Health System pay and prices index. **RESULTS:** The number of avoided diabetes cases (23.4 cases per 1,000 treated patients) in patients treated with aripiprazole compared to SOC was associated with estimated total (direct and indirect) cost saving of €27,798,018 over 10 years for the Spanish population. Similarly, with aripiprazole the number of avoided CHD events (3.7 events per 1,000 treated patients) yields an estimated total cost saving of €4,173,818 over 10 years. **CONCLUSIONS:** Compared with SOC, aripiprazole